RECEIVED 2012 OCT 15 PM 1:54

FEC MAIL CENTER

## MADISON PAC 3432 N. George Mason Dr. Arlington, VA 22207

October 5, 2012

Federal Election Commission Reports Analysis Division 999 E Street, N.W. Washington, D.C. 20463

RE: Madison PAC

Statement of Organization-Form 1
Independent Expenditure Only Committee Status

To Whom It May Concern:

This letter is to provide notice to the Commission that the above referenced Committee intends to use its funds to exclusively make independent expenditures. Consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in Speech Now v FEC, and the stipulated judgment in Carey v FEC, (D.D.C.2011) the Committee intends to raise funds in unlimited amounts from individuals, corporations, labor organizations and/or other political committees. The Committee will not use the funds to make contributions, whether direct, in-kind or for coordinated communications or coordinated expenditures, to federal candidates or committees.

Respectfully submitted,

Elizabeth R.MeIntosh, Treasurer

**Madison PAC** 

## 12030904490

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED .

2012 OCT 15 PM 1:54

FORM 1		URGANIZ	ATION		COMANGENTER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Madison P	AC		11111111	<u> </u>	
	<u> </u>				
ADDRESS (number a	nd street)	3432 N. Geor	ge Mason Drive		
(Check if ac is changed)		Arlington		VA	22208
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	S (Please provide only one e	e-mail address)		
		paul@psulliva	anlaw.com	1111	
(Check if Is change					
COMMITTEE'S WEB	PAGE ADD	RESS (URL)			
(Check if	addroce	none		1111	
is changed					
2. DATE 10	° ′ 5 °	Ž/ <b>2012</b>			
3. FEC IDENTIFIC	CATION NU	MBER CR	equested		
4. IS THIS STATEM	MENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have e	xamined thi	s Statement and to the besi	t of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of	of Treasurer	Elizabeth R.	McIntosh		
Signature of Treasure	9	light P.	Mouth	Date 10	05° 2012
NOTE: Submission of t	•	•	may subject the perison signing ON SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-924-9530		FEC FORM 1 (Revised 02/2009)

FEC F	orm 1 (Revised 02/2009)	Page 2			
	COMMITTEE				
	e Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate					
Candidate	Office	State			
Party Affilia	ion Sought: House Senate President	District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	mmittee:				
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political A	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its or	onnected organization is a:			
السما	Corporation Corporation w/o Capital Stock	Labor Organization			
		-			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party			
	In addition, this committee is a Liobbyist/Registrant PAC.	•			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fun	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a fedoral candidate				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.				
_					
Cor	nmittees Participating in Joint Fundraiser				
1.	None				
2.	FEC ID number C				
3.	FEC ID number C				
4.	FEC ID number C				

ζį.
ÇD
£1
cl.
C
ÇD
C)
M
O
$\sim$
duril.

FEC Form 1 (Revised 0		-
		Page 3
Write or Type Committee Name		•
Madison PAC		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
None	*	
None		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
	S	and the opunsuf
books and records.	eth R. McIntosh	
Malling Address	3432 N. George Mason Drive	
	<u> </u>	
	Arlington VA 2220	7
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
	address (phone number optional) of the treasurer of the committee; and the nar	
3. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nar	
3. Treasurer: List the name and any designated agent (e.g., a:	l address (phone number - optional) of the treasurer of the committee; and the nar ssistant treasurer).	
3. Treasurer: List the name and any designated agent (e.g., as Full Name of Treasurer	address (phone number – optional) of the treasurer of the committee; and the naissistant treasurer).	
3. Treasurer: List the name and any designated agent (e.g., as Full Name of Treasurer	address (phone number – optional) of the treasurer of the committee; and the naissistant treasurer).	
3. Treasurer: List the name and any designated agent (e.g., as Full Name of Treasurer	address (phone number – optional) of the treasurer of the committee; and the naresistant treasurer).  eth R. McIntosh  3432 N. George Mason Drive  Arlington	

i

1 20 1 011	m 1 (Revise	d 02/2009)	.=	Page 4
Full Name of Designated Agent	None	<u> </u>		
Mailing Address			11111	
		CITY	STATE	ZIP CODE
Title or Position				
		Telephone n	umber <u>i</u>	
safety deposit b Name of Bank,	Depository,	etc.		
Name of Bank,	<sub>[</sub> Chạiŋ	Bridge Bank		<u> </u>
	<sub>[</sub> Chạiŋ			
Name of Bank,	<sub>[</sub> Chạiŋ	Bridge Bank		[22101, ] - [ , , , , ]
Name of Bank,	<sub>[</sub> Chạiŋ	Bridge Bank 1445 Laughlin Ave,	VA STATE	[22101]
Name of Bank,	Chain	Bridge Bank 1445,Laughlin Ave,  [McLean,	سا	
Name of Bank,  Mailing Address	Chain	Bridge Bank  1445 Laughlin Ave,  McLean  CITY	سا	
Name of Bank, Mailing Address	Chain  Depository,	Bridge Bank  1445 Laughlin Ave,  McLean  CITY	سا	ZIP CODE
Mailing Address  Name of Bank,	Chain  Depository,	Bridge Bank  1445 Laughlin Ave,  [McLean,  city	STATE	ZIP CODE
Mailing Address  Name of Bank,	Chain  Depository,	Bridge Bank  1445 Laughlin Ave,  [McLean,  city	STATE	ZIP CODE

	b
٤1	l
C)	
€,	
	İ
al o	i
C	
Ø	
,,,,,,,	i
L.	J
But	١
C	Ų
, cons	
C	
$\Diamond$	١
4016	١
<b>A</b> man	۰

## **Federal Election Commission**

The FEC added this page to the end of this filing	
Hand Dolivarad	Date of Receipt
Hand Delivered	10/15/12
LIODO First Olars Mail	Postmarked
USPS First Class Mail	
	Postmarked (R/C)
USPS Registered/Certified	
	Postmarked
USPS Priority Mail	
Delivery Confirmation™ or Signat	ture Confirmation™ Label
LIODO E	Postmarked
USPS Express Mail	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	xt Business Day Delivery
	Date of Receipt
Received from House Records & Registration C	лісе
Received from Senate Public Records Office	Date of Receipt
	Date of Receipt
Received from Electronic Filing Office	,
	Date of Receipt or Postmarked
Other (Specify):	
0	
	10/15/12
PREPARER	DATE PREPARED
(3/2005)	